

4269

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, at the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS 110	State Index No. 498	
District of _____	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. <u>297</u>
Town of <u>Miami</u>	Local Registrar's No. _____		
or _____	(No. _____)	St; _____	Ward _____
FULL NAME OF CHILD <u>Leonardo De La Paz</u>		Born <input checked="" type="checkbox"/>	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/>	NO
Sex of Child <u>M</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
Legitimate? <u>yes</u>	Date of Birth <u>November 6 - 1915</u>	(Month) _____	(Day) _____ (Yr.) _____
FATHER		MOTHER	
Full Name <u>Susana De La Paz</u>	Full Maiden Name <u>Lorenzia Aurentes</u>		
Residence <u>Miami, Ariz. Adobe Hill</u>	Residence <u>Miami Ariz. Adobe Hill</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>26</u>	Color or Race <u>Mex</u>	Age at last Birthday <u>22</u>
Birthplace <u>Jalisco, Mexico</u>	Occupation <u>Miner</u>	Birthplace <u>Sonora</u>	Occupation <u>Housewife</u>
Number of child of this mother.	Number of children, of this mother, now living.	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>November 6</u> , 191 <u>5</u> , at <u>4 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>C. M. Cron M.D.</u>	(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191_____		Address <u>Box 29 Miami Ariz</u>	
COUNTY REGISTRAR. _____		LOCAL REGISTRAR <u>John L. Tracy</u>	
Filed <u>Nov 10</u> 191 <u>5</u>		A True Copy <u>B. G. Tracy</u>	COUNTY REGISTRAR. _____